



## PART B - FEE(S) TRANSMITTAL

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7590 02/17/2004

BRADLEY J. DIEDRICH, ESQ  
RADER, FISHMAN & GRAUER PLLC  
39533 WOODWARD AVENUE, SUITE 140  
BLOOMFIELD HILLS, MI 48304

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Kathryn L. Nash

(Depositor's name)

*Kathryn L. Nash*

(Signature)

5/17/2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/707,022	11/06/2000	Michael E. Miller	SUROS-3	8179

TITLE OF INVENTION: BIOPSY APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>\$685</del> 1330	\$0	<del>\$685</del> 1330	05/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARMOR II, CHARLES ALAN	3736	600-566000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Rader, Fishman & Grauer,  
1 PLLC

2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Suros Surgical Systems, Inc.

Indianapolis, IN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0013 (enclose an extra copy of this form).

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5/17/2004

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